

Maternal and Child Health (MCH) / Children and Youth with Special Health Care Needs (CYSHCN) UPDATE

August 2012

The purpose of this **UPDATE** is to share important information on national, state, and local maternal and child health issues, including children and youth with special health care needs, to Title V Maternal and Child Health Block Grant providers. You will also be updated on pertinent resources and state and regional “happenings.” We hope the **UPDATE** will promote statewide sharing and contribute to improved maternal and child health in Wisconsin. Please share this **UPDATE** with others.

DISTRIBUTION

The **UPDATE** will be posted to the [MCH Program website](#) or distributed by request via E-mail. To receive the **UPDATE**, send your name and E-mail address to [Mary Gothard](#).

FORMAT

The **UPDATE** design includes content headings and a table of contents. We hope this enables easier reading and access to the information that pertains to you. The **UPDATE** contains “active links” to content; therefore, it is best read electronically. If you have comments or suggestions for a future issue contact [Mary Gothard](#) at (608) 266-9823.

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THINGS YOU DON'T WANT TO MISS!

Affordable Care Act MCH Resources

The Association of Maternal and Child Health Programs has developed an extensive overview of key MCH provisions in the ACA and a [summary highlighting the implementation status of MCH provisions](#).

BCHP NEWS & EVENTS

MCH Early Childhood Systems Update

Here are a few highlights for the MCH Early Childhood Systems Initiative:

- Check out the [Core Competencies Professional Development Resources website](#)! This page provides professional development resources organized by the 12 domain areas, supporting the 29 competencies contained within the MCH Early Childhood Systems Competencies Tool. Within each competency four kinds of resources may be provided: professional reading, webcasts and presentations, websites, and face-to-face learning opportunities.
- [Registration](#) is now open for the August 20, 2012 Public Health Nursing Preconference *Theory to Practice – Enhancing Early Childhood Systems*. As a reminder this is the one required state meeting for agencies receiving MCH funds for early childhood systems work.

Updates from the Wisconsin Association for Perinatal Care (WAPC) and the Perinatal Foundation

WAPC is proud to present the 2012 Regional Forum Series: [Coming to Term: Promoting Birth after 39 Weeks](#). The purpose of each 2-½ hour forum is to examine trends in elective deliveries prior to 39 weeks and promote intervention strategies that are effective in reducing these births. Presented by a multi-disciplinary faculty, the forums will feature successful models and tools that individual providers and hospitals are using to help mothers and babies reach full term. With a focus on measuring results, the forums will highlight the use of reliable data to gauge the effectiveness of programs that promote births after 39 weeks.

Public Health Hotlines Update

CYSHCN – WIC Network Added to Wisconsin First Step Database

Wisconsin's *CYSHCN – WIC Network* consists of Registered Dietitians working in the WIC (Women, Infants and Children Supplemental Nutrition Program) Program who have specific interest and knowledge in providing assessments and support for infants and children who are in WIC and also have special health care needs. Recognizing that WIC nutritionists are often the first to identify the need for special medical nutrition therapies, special formulas, and further medical coordination and assessments, this program has been working to increase the number of WIC nutritionists with an improved ability to identify the need for specific nutritional and other services for infants and children with special health care needs.

Currently Wisconsin has thirteen WIC Dietitians working in this network serving fourteen counties as well as the Native American Community in the northern and northeastern part of the state. In addition to identifying the nutritional needs of children in the WIC program these providers will make referrals to other supportive agencies/programs including the CYSHCN (Children and Youth with Special Health Care Needs) Regional Centers, Birth to 3, BadgerCare Plus, and other specialized services. They can also collaborate with health care providers and pharmacists to ensure that proper documentation for Medicaid/BadgerCare Plus reimbursement for special formulas not provided by WIC is submitted.

Registered Dietitians who are members of the *CYSHCN-WIC Network* may also be available to mentor with the Dietitians in other WIC programs or provide assistance to other providers who have questions regarding a child or children they are serving who may have special nutritional needs.

This program is easy to find on the [Public Health Information and Referral Services website](#). Start at the [Wisconsin Public Health Hotlines On-Line Resource Directory](#). Once in the online directory, go to the left side of the page and select "Children and Youth with Special Needs" under "Browse Categories". Select "WIC" under the services categories then select "WIC CYSHCN Registered Dietitians". Providers are listed in city order where they are located.

For these and other services please search the [On Line Resource Directory](#) or call Wisconsin First Step at 1-800-642-7837. First Step is answered 24 hours/day, 7 days a week by Certified Information and Referral Specialists. In addition the line is answered Monday – Friday 8 am – 4 pm by parent specialists who, in addition to being Certified Information and Referral Specialists, are also parents of children with special needs.

The Family Health Section Welcomes.....

- **Jessica Seay – SSDI Program Coordinator:** Jessica has been hired as the new State Systems Development Initiative (SSDI) Coordinator, a position previously occupied by Loraine Lucinski. The SSDI was established to help assure that Title V agencies have access to policy and program relevant information and data, with a focus on establishing or improving data linkages. The SSDI coordinator also provides leadership to the ongoing Title V needs assessment process and analysis of MCH Block Grant measures. The efforts of the SSDI result in comprehensive, community-based systems of care for the maternal and child health population groups. Before being hired for this position, Jessica worked within the Bureau of Community Health Promotion as a Council for State and Territorial Epidemiologists (CSTE) MCH epidemiology fellow. Jessica can be reached via [email](#) or phone at (608) 267-9190.
- **Linda Spaans-Esten – SPHERE (Secure Public Health Electronic Record Environment):** Linda has returned to work part-time on SPHERE. Linda was instrumental in the development and implementation of SPHERE and was the SPHERE State Organization Administrator for several years retiring in 2007. She will be assisting in many aspects of SPHERE to include: Help Desk coverage, merges/deletes, giving rights to new Local Organization Administrators, SPHERE testing, etc. The best way to reach Linda at this time is via [e-mail](#).

CURRENT RESEARCH/NEWS

Brief Features Health Plans and Foundations That Address Preconception Health

[Health Plan Approaches to Preconception Health](#) examines the role of private health plans and their philanthropic foundations in promoting preconception health. The issue brief was published by the National Institute for Health Care Management Research and Educational Foundation with support from the Health Resources and Services Administration's Maternal and Child Health Bureau. Topics include motivations for health plan and foundation interest in preconception care and their strategies to increase access to preconception care and document how these approaches are reaching women of childbearing age. The brief concludes with a summary of remaining barriers, along with potential strategies for overcoming the barriers and promoting preconception health.

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Study: Caffeine Intake During Pregnancy

A [study](#) appearing online July 9th in the journal *Pediatrics* examines the association between maternal caffeine intake during pregnancy and children's problem behavior at age 5 to 6 years. Dietary caffeine intake (coffee, caffeinated tea, and cola) was measured in a community-based, multiethnic birth cohort around the 16th week of gestation. At age 5, children's overall problem behavior, emotional problems, conduct problems, hyperactivity/inattention, peer relationship problems and prosocial behavior were rated by both the children's mother and teacher. Analyses were adjusted for maternal age, ethnicity, cohabitant status, education, smoking and alcohol consumption during pregnancy, child's gender, family size and prenatal maternal anxiety. Caffeine intake during pregnancy was not associated with a higher risk for behavior problems at age 5. The study authors conclude that these results give no indication to advise pregnant women to reduce their caffeine intake to prevent behavior problems in their children.

Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. July 16, 2012, Volume 14, Edition 29.

Review: Causal Mechanisms Explaining the Effects of Birth Spacing on Health

"The results of our review indicate that, overall, no clear evidence exists for explaining the mechanisms through which both short and long intervals between pregnancies are associated with increased risk of adverse maternal, perinatal, infant, and child outcomes," state the authors of an article published in the June 2012 issue of *Family Planning*. Evidence from systematic reviews and meta-analyses indicates that short and long intervals between pregnancies are independently associated with increased risk of adverse maternal, perinatal, infant, and child outcomes. However, the mechanisms by which pregnancy intervals may affect health have been the subject of much debate. The article presents findings from a study to systematically collate, appraise, and synthesize the literature on this topic. In summary, the authors found:

- Growing evidence supporting the "folate depletion" and "incomplete healing of the uterine scar from the previous cesarean delivery" hypotheses.
- Emerging evidence supporting the "vertical transmission of infections" and "cervical insufficiency" hypotheses.
- Limited evidence supporting the "maternal nutritional depletion," "suboptimal lactation related to breastfeeding-pregnancy overlap," and "transmission of infectious diseases among siblings" hypotheses.

- Conflicting evidence supporting the "sibling competition" hypothesis (because it could be the main mechanism for explaining the negative effects of short birth intervals on postneonatal mortality but not on both neonatal and infant mortality).
- No evidence supporting the "abnormal process of remodeling of endometrial blood vessels" and "women's physiological regression" hypotheses.

"Based on the findings of this systematic review, we have constructed a conceptual framework, which, although insufficient for generating causal inferences, provides a starting point for generating and supporting hypotheses regarding the mechanisms through which short intervals between pregnancies affect maternal, perinatal, infant, and child health," conclude the authors. Conde-Agudelo A, Rosas-Bermudez A, Castano F, et al. 2012. Effects of birth spacing on maternal, perinatal, infant, and child health: A systematic review of causal mechanisms. *Family Planning* 43(2):93-114. [Abstract](#).

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Study Examines Maternal Smoking, Breastfeeding, and Risk of Childhood Overweight

"We found that exposure to tobacco compounds via breast milk of heavy smokers was associated with a modest elevation in childhood BMI [body mass index] and risk of overweight at 7 years of age," write the authors of an article published in the *Maternal and Child Health Journal* on June 20, 2012. Given the importance of breastfeeding and the fact that smoking by lactating mothers -- while decreasing -- still commonly occurs, it is critical to better understand the effects of exposure to tobacco compounds via breast milk on childhood growth (weight and length or height) and BMI. The article uses data from a large national cohort to examine the association of exposure to tobacco compounds in breast milk with childhood growth measures as well as the association of such exposure with risk for overweight. The analysis adds to the literature on the relationship between maternal smoking and breastfeeding and child growth and risk for overweight, extending follow-up time to age 7. The authors found that:

- Overall, the risk of childhood overweight increased with the average number of cigarettes smoked by mothers.
- The elevated risk for overweight at age 7 associated with heavy maternal smoking was greater among breastfed children than among bottle-fed children.
- There was a modest positive interaction between breastfeeding and heavy maternal smoking in the risk for overweight at age 7.
- Breastfeeding by non-smoking mothers was not associated with risk for overweight at age 7.
- The magnitude of this interaction did not change meaningfully when mixed-fed children were included in the analyses.

"Considering the numerous health benefits of breastfeeding to both children and mothers . . . we present our findings as further incentive for the provision of resources to help women, particularly pregnant and breastfeeding women, to quit smoking," the authors conclude.

Wen X, Shenassa ED, Paradis AD. 2012. Maternal smoking, breastfeeding, and risk of childhood overweight: Findings from a national cohort. *Maternal and Child Health Journal* [published online on June 20, 2012]. [Abstract](#).

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Baby-Friendly Hospital Practices and Meeting Exclusive Breastfeeding Intention

In the 2005–2007 Infant Feeding Practices Study II, women completed a prenatal questionnaire and monthly questionnaires through 12 months. Mothers met their prenatal exclusive breastfeeding intention if their duration after the hospital stay (excluding hospital supplementation) equaled or exceeded their intention. Primary predictor variables included 6 Baby-Friendly hospital practices: breastfeeding within 1 hour of birth, giving only breast milk, rooming in, breastfeeding on demand, no pacifiers, and information on breastfeeding support.

Results of the study indicated that among women who prenatally intended to exclusively breastfeed (n = 1457), more than 85% intended to do so for 3 months or more; however, only 32.4% of mothers achieved their intended exclusive breastfeeding duration. Mothers who were married and multiparous were more likely to achieve their exclusive breastfeeding intention, whereas mothers who were obese, smoked, or had longer intended exclusive breastfeeding duration were less likely to meet their intention.

Beginning breastfeeding within 1 hour of birth and not being given supplemental feedings or pacifiers were associated with achieving exclusive breastfeeding intention. After adjustment for all other hospital practices, only not receiving supplemental feedings remained significant.

What this study says: Two-thirds of mothers who intend to exclusively breastfeed are not meeting their intended duration. Mothers are more likely to achieve their intended duration when their infant is not supplemented in the hospital.

[Full article](#). Cria G. Perrine, PhD, Kelley S. Scanlon, PhD, RD, Ruowei Li, MD, PhD, Erika Odom, PhD, and Laurence M. Grummer-Strawn, PhD *Pediatrics* 2012;130:1–7

Global Action Report on Preterm Birth

A report released from the March of Dimes shows the US lagging behind 130 other nations in its preterm birth rate. [Born Too Soon: The Global Action Report on Preterm Birth](#) contains the first-ever estimates of preterm birth rates by country and ranks the US with a preterm birth rate of 12 per 100 live births. This almost ties the US with Somalia, Thailand and Turkey. Nearly half a million babies are born preterm (birth before 37 weeks completed gestation) in the US each year, with preterm birth as the leading cause of newborn death in the US. Babies who survive an early birth often have breathing problems, cerebral palsy, intellectual disabilities and other lifelong problems. More information can be found on the [March of Dimes Born too Soon website](#). Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. May 21, 2012, Volume 14, Edition 21.

Women's Health Prevention Briefs

The *Women's Health Prevention Briefs* identify and promote state and local maternal and child health programs' unique roles and opportunities to improve women's health before and between pregnancies. The series is produced by the Association of Maternal and Child Health Program and CityMatCH with funding from the Centers for Disease Control and Prevention. Each brief provides background on a priority area, selected facts, and data points about promising programs. The [May 2012 brief](#) focuses on the importance of addressing the built environment to improve maternal health and birth outcomes. Contents include an overview of the built environment and research on the connections between the built environment and health, the biological and social impacts of unsupportive built environments on maternal health and birth outcomes, and promising state and local programs.

Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. June 11, 2012, Volume 14, Edition 24.

Brief Highlights Circumstances of Early Fatherhood and Implications for Children

The Characteristics and Circumstances of Teen Fathers: At the Birth of Their First Child and Beyond analyzes data from a sample of 490 males in the National Longitudinal Survey of Youth -- 1997 cohort who were between the ages of 13 and 19 at the birth of their first child and whose child was still living when they were between the ages of 22 and 24. The brief was produced by Child Trends with support from the William and Flora Hewlett Foundation and the National Institute of Child Health and Human Development. It presents a statistical portrait of adolescent fathers' characteristics at the time that their first child was born; their union status at the birth of that child; their subsequent experience fathering a child, if any; and their residential status at birth and in young adulthood. The authors also examine how the characteristics of the study sample compare to the characteristics of a nationally representative sample of adolescent mothers whose first child was born in 2009. A summary, discussion, and conclusion are provided.

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Study Examines Fish Consumption and Awareness of Mercury Among Women

"Our findings suggest that a majority of all three groups of women [pregnant women, postpartum women, and non-pregnant non-postpartum women] were aware of mercury as a problem in food and that nearly all women in all three groups were following the 2004 joint FDA/EPA [Federal Drug Administration/Environmental Protection Agency] recommendations related to not consuming too much or certain types of fish," write the authors of an article published in *Environmental Research online* on April 23, 2012. Maternal fish consumption during pregnancy is beneficial to fetal neurodevelopment. However, some fish can also contain high levels of methylmercury (mercury), which have adverse health effects, especially on the cognitive development of fetuses.

In 2004, FDA and EPA reissued joint advice about mercury in fish recommending that pregnant women, nursing mothers, women who might become pregnant, and young children not consume fish high in mercury and not consume more than 12 oz. (340.2 grams) of other lower-mercury fish per week. They were encouraged to eat up to 12 oz. of low-mercury fish per week. The study described in this article (1) evaluated fish consumption levels and awareness of mercury as a problem across these three groups of women; (2) described demographic and regional differences in fish consumption and mercury awareness; (3) compared awareness of mercury as a problem to awareness of Listeria, dioxins, and PCBs; and (4) examined how and why pregnant women changed the amount of certain fish and shellfish they ate after learning they were pregnant. The authors found that:

- After controlling for demographic characteristics, pregnant and postpartum women were more likely to be aware of mercury as a problem than control women.
- Pregnant women were more likely to report eating no fish than control women.
- Pregnant women who were aware of mercury as a problem were less likely to eat no fish than those who were not aware.
- Among those who ate fish, pregnant women, but not postpartum women, were less likely to eat more than 12 oz. of fish per week and less likely to eat fish high in mercury than control women.
- After controlling for other variables, pregnant women ate on average 26.9 fewer grams of fish than control women, and postpartum women ate an average of 13.3 fewer grams of fish than control women.

The authors conclude that "almost all women were consuming less than the recommended 340.2 grams (12 oz.) of fish per week. Thus, it is likely that all women and pregnant women in particular, are missing the health benefits to themselves and their children of eating a sufficient amount of fish."

Lando AM, Fein SB, Choiniere CJ. 2012. Awareness of methylmercury in fish and fish consumption among pregnant and postpartum women and women of childbearing age in the United States. *Environmental Research* [published [online](#) on April 23, 2012]. Available at.

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Study: Referral of High-Risk Infants to Early Intervention

A [study](#) appearing in the June edition of the journal *Pediatrics* examines missed opportunities in the referral of high-risk infants with developmental delays to early intervention. Using a cohort analysis of quality improvement data from 66 neonatal follow-up programs in California, over 5,000 high-risk infants were evaluated at the first visit between four and eight months of age in neonatal follow up. Over 1,700 high-risk infants were evaluated at the second visit between 12 and 16 months of age. The study authors calculated referral rates in relation to developmental status (high versus low concern) based on standardized developmental testing or screening. Among infants with low concerns at the first visit, 6% were referred to early intervention. Among those with high concerns, 28% were referred to early interventions. Even after including referrals to other (private) therapies, 34% of infants with high concerns did not receive any referrals to early intervention. The study authors conclude that, "in spite of the specialization of neonatal follow-up programs to identify high-risk infants with developmental delays, a large proportion of potentially eligible infants were not referred to early intervention."

Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. June 4, 2012, Volume 14, Edition 23

Families Share Experiences in Working with Professionals Who Serve Children with Mental Health Needs

[Linking Medical Home and Children's Mental Health: Listening to Massachusetts Families](#) examines what families whose children have mental health needs experience in accessing and coordinating care for their children. The report was produced by the Parent-Professional Advocacy League (PPAL) in collaboration with the Central Mass Medical Home Network Initiative (CMMHNI), a project funded by the Health Resources and Services Administration, Maternal and Child Health Bureau, to improve care for children and adolescents with special health care needs within a group of primary care pediatric practices (medical homes). The report describes the challenge of accessing mental health care and coordinating it with a child's medical care, as well as the development and results of a survey conducted by PPAL and CMMHNI to better understand families' experiences. Topics include coordination, communication, and trust; accessing care; finding resources; and schools.

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Adolescents Assess the Impact of Social Media on Their Own Well-Being

[Social Media, Social Lives: How Teens View Their Digital Lives](#) documents, on a national scale, what adolescents think about how social media use is affecting their social and emotional lives. The report was published by Common Sense Media's Program for the Study of Children and Media to provide parents, educators, health organizations, and policymakers with reliable, independent data on children's use of media and technology and the impact it has on physical, emotional, social, and intellectual development. The content of the report is based on a survey of 1,030 adolescents ages 13-17, conducted online by Knowledge Networks: A Gfk Company

from February 22 through March 11, 2012. Topics include face-to-face communication, social and digital communication, text messaging, social networking, Twitter, mobile communication, social networking and social-emotional well-being, social media and relationships, online photos, hate speech online, addiction and the desire to unplug, and social networking and depression.

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Report Explores Mobile Technology's Role in Effectively Managing Chronic Disease

[Minorities, Mobile Broadband, and the Management of Chronic Diseases](#) examines the proliferation of mobile broadband technologies, telemedicine, and online health applications to help communities of color -- and the health professionals who serve them -- access information and tools to more effectively prevent, diagnose, and manage chronic disease. The report summarizes a roundtable discussion among leaders from the government, health care, technology, and health policy sectors convened by the Joint Center for Political and Economic Studies. The report articulates two major arguments for why health professionals, insurance carriers, and other stakeholders should expand the use of mobile platforms and promote the use of mobile devices and applications in underserved communities. Policy recommendations are also discussed, including expanding the availability of primary care physicians, ensuring universal access to mobile broadband, reforming regulatory barriers, creating and promoting incentives for physicians who use mobile broadband-enabled technologies, and promoting consumer education and awareness.

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Paper Explores the Concept of Health-Literate Health Care Organizations

[Ten Attributes of Health Literate Health Care Organizations](#) outlines features of health care organizations that make it easier for people to navigate, understand, and use information and services to take care of their health. The discussion paper, co-authored by participants in the activities of the Institute of Medicine Roundtable on Health Literacy, demonstrates how organizations can take action to close the gap between individuals' health literacy skills and the demands of complex health care systems. It highlights opportunities to redesign health information and services, integrating principles of health literacy into organizational objectives, infrastructure, policies and practices, work force development, and communication strategies. Contents include a brief elaboration of the meaning of and basis for each of ten attributes, followed by a set of implementation strategies that can be used to achieve the attributes.

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WISCONSIN DATA TIDBITS & DATA REPORTS

Wisconsin PRAMS – What Moms Tell Us About WIC Participation

Results from the Wisconsin *Pregnancy Risk Assessment Monitoring System (PRAMS)* indicate that 38%, almost two-fifths of new moms were on WIC during their pregnancy. However, the majority of Black, Hispanic/Latina, and moms of other racial ethnic groups were on WIC. The survey asks mothers who recently had a baby: “During your most recent pregnancy, were you on WIC (the Special Supplemental Program for Women, Infants, and Children)?” The answers are “No” or “Yes.”

<u>Race/ethnicity</u>	<u>Percent on WIC</u>
White, non-Hispanic	26%
Black, non-Hispanic	79%
Hispanic/Latina	72%
Other	54%
Total	38%

Source: 2009-2010 Wisconsin PRAMS, Division of Public Health, Department of Health Services.

If you would like PRAMS data presented, or for more information, contact [Kate Kvale](#) - Project Director at (608) 267-3727.

CDC Releases 2011 Data on Health-Risk Behaviors Among Adolescents and Young Adults

[*Youth Risk Behavior Surveillance -- United States, 2011*](#) summarizes results from the national Youth Risk Behavior Survey, 43 state surveys, and 21 large urban school district surveys conducted among students in grades 9 through 12 during September through December 2011. These surveys comprise the Youth Risk Behavior Surveillance System (YRBSS). The report, published in the June 8, 2012, issue of Morbidity and Mortality Weekly Report, presents findings on six categories of priority health-risk behaviors among adolescents and young adults; these behaviors contribute to unintentional injuries and violence, tobacco use, alcohol and other drug use, sexual behaviors that can result in unintended pregnancy and sexually transmitted diseases (including HIV infection), unhealthy dietary behaviors, and physical inactivity. Information on the prevalence of obesity and asthma is also provided. The report includes a trend analysis of 1991-2011 data and information on how the data are being used by federal, state, and local agencies and nongovernmental organizations to analyze and improve policies and programs to reduce priority health-risk behaviors among adolescents and young adults.

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New Data on Infant & Child Health

A recently-released federal report shows drops in the infant mortality rate, the preterm birth rate and the adolescent birth rate. These and other findings are included in [*America's Children in Brief: Key National Indicators of Well-Being, 2012*](#). The proportion of infants born before 37 weeks gestation (preterm) dropped from 12.2 percent in 2009 to 12.0 percent in 2010. Deaths before the first birthday went dropped from 6.4 percent per 1,000 births in 2009 to 6.1 per 1,000 births in 2010. The report was compiled by the Federal Interagency Forum on Child and Family Statistics, a working group of 22 federal agencies that produce and use data on issues related to children and families. It uses the most recently available and reliable official federal statistics to describe the family and social environment, economic circumstances, health care, physical environment and safety, behavior, education, and health of America's children and

youth. Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. July 16, 2012, Volume 14, Edition 29

State-by-State Injury Prevention Data

A recent report from the Trust for America's health provides information about state injury-prevention policies and about recommendations for evidence-based strategies to reduce injuries in the United States. [*The Facts Hurt: A State-by-State Injury Prevention Policy Report*](#) was created with a committee of injury-prevention experts from the Safe States Alliance and the Society for the Advancement of Violence and Injury Prevention and with support from the Robert Wood Johnson Foundation. The report focuses on a series of 10 injury-prevention indicators across each state that, collectively, offer an overview of areas of strength and weakness in the state's injury-prevention policies. Topics include vehicle injuries; violence-related injuries; falls; drownings; sports- and recreation-related injuries; injuries from poisoning; research tools for reducing injuries; and fire-related injuries.

Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. June 18, 2012, Volume 14, Edition 25

Resource Center Releases National Survey Data Briefs

The Data Resource Center (DRC) for Child and Adolescent Health has produced [two new data briefs](#). One brief provides an overview of 20 specific health conditions asked about in the 2009-2010 National Survey of Children with Special Health Care Needs (NS-CSHCN). Another brief uses data from the 2007 National Health Interview Survey and the 2009-2010 NS-CSHCN to examine complementary and alternative medicine use and expenditures for children with emotional, mental, or behavior conditions or problems. DRC is a project of the Child and Adolescent Health Measurement Initiative supported by the Health Resources and Services Administration's Maternal and Child Health Bureau.

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Project Brings Together Trend Data on Key U.S. Health System Measures

The Health System Measurement Project tracks government data on critical U.S. health system indicators. The [website](#), developed by the Office of the Assistant Secretary for Planning and Evaluation, provides a way to view health data and track how the national health system is changing. Contents include national trend data as well as detailed views broken out by population characteristics such as age, sex, income level, and insurance coverage status. Topical areas include access to care, cost and affordability, coverage, health care work force, health information technology, innovation, population health, prevention, quality, and vulnerable populations. Measures of interest to health professionals, state policymakers, and employers are presented in the "data for you" section. Visitors can also download datasets and share study results via social media.

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CONFERENCES & AWARENESS CAMPAIGNS

2012 Public Health Nursing Conference

[Registration](#) is now open for *Strengthening Public Health Nursing Community Connections* to be held August 20-21 at the Holiday Inn Hotel and Convention Center in Stevens Point. August 20th is the preconference - *Theory to Practice – Enhancing Early Childhood Systems* - and is the one required state meeting for agencies receiving MCH funds for early childhood systems work.

National Breastfeeding Month - 20 Actions in 20 Days

This August the US Breastfeeding Committee (USBC) is sponsoring a social media campaign in celebration of [National Breastfeeding Month 2012](#). With the theme, "Everyone Can Help Make Breastfeeding Easier: 20 Actions in 20 Days," the campaign is intended to highlight the US Surgeon General's call for the entire nation to take 20 concrete action steps to support the removal of barriers to breastfeeding. Breastfeeding advocates, coalitions, health care providers, employers, families, the media and anyone who supports breastfeeding is asked to engage in conversations across social media platforms throughout the month of August. Each weekday from August 6-31 the "20 Actions in 20 Days" campaign will focus on one of the action steps set forth by the Surgeon General's "Call to Action."

World Breastfeeding Week 2012!

This year commemorates 20 years of the World Alliance for Breastfeeding Action's [World Breastfeeding Week](#). This year's theme aims to envision where breastfeeding support is headed by *Understanding the Past – Planning the Future*. August 1-7 is the week celebrated in the United States.

WEBSITES & TECHNOLOGY RELATED RESOURCES

AMCHP Pulse – Life Course Perspective

This [May/June 2012 issue](#) of the Association of Maternal and Child Health Programs (AMCHP) *Pulse* focuses on the Life Course Perspective.

MCHB Launches Updated DGIS Website

The [Discretionary Grant Information System \(DGIS\) website](#) displays financial and program data, performance measures, abstracts, and products and publications from more than 900 projects designed to ensure that high-quality health care is available to the maternal and child health population. The DGIS website contains data collected annually from grants funded by the Health Resources and Services Administration's (HRSA's) Maternal and Child Health Bureau (MCHB). The data helps MCHB assess the effectiveness of its programs and assists project officers in monitoring progress under the grants. The updated website includes improved functionality and data: a comprehensive search feature to view products and publications developed by MCHB grantees; data on new measures related to medical home, sustainability, and infrastructure; and data on the number of trainings and materials developed by grantees. A new social media widget is also available for users to add to their websites for quick access to the updated site. The DGIS complements the Title V Information System, which electronically captures data from the annual Title V Block Grant applications and reports submitted by all 59 U.S. states, territories, and jurisdictions.

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Website Helps Caregivers Keep Children Safe on the Road

[Parents Central](#) provides information and resources for keeping children safe in and around cars. The new website was launched by the National Highway Traffic Safety Administration in partnership with Chuggington, Safe Kids USA, the American Academy of Pediatrics, Children's Hospital of Philadelphia, the Governors Highway Safety Association, the American Driver and Traffic Safety Education Association, and National Organizations for Youth Safety. Topics include information and advice on choosing and using a car seat, teaching children how to be safe pedestrians, and laying ground rules with aspiring drivers. The website provides

information on common dangers (backover, heatstroke, power windows, seatbelt entanglement, trunk entrapment, and vehicle rollaway), as well as tips on how to avoid them. Additional resources include an inspection station locator, car seat video help, and laws by state. Taken from April 20, 2012 MCHAlert© National Center for Education in Maternal and Child Health and Georgetown University. Reprinted with permission.

JAMA Produces Public Resource on SIDS

The *Journal of the American Medical Association* (JAMA) Patient Page - titled [Sudden Infant Death Syndrome](#) - provides a definition of SIDS as well as other information, such as how to decrease the risk of SIDS.

Fetal Alcohol Spectrum Disorders (FASD) “App”

The Centers for Disease Control has launched a [Fetal Alcohol Spectrum Disorders \(FASD\) application](#) (or “app”). The app is a way for users to access the latest information related to alcohol use during pregnancy and FASDs directly from an iPhone, iPod Touch, or iPad. From women planning a pregnancy to health care providers to families and educators, this app helps users easily find and share the latest in the prevention, recognition, and treatment of FASDs. This application is a companion to CDC’s [FASD website](#) and is CDC’s first health condition-specific app! Features include:

- Alcohol consumption data by state
- Easy-to-read information on diagnosis and treatments for children with FASDs
- Individualized pages for different users – women, families, health care providers, educators, and partners
- Training and education resources
- Access to free materials on alcohol use during pregnancy and FASDs
- Information on what CDC is doing in this area

To download the FAST app from your iPhone, iPod Touch, or iPad, go to the Apple App store and search for [fetal alcohol spectrum disorders](#). You can also find it under CDC.

CYSHCN CORNER

Wisconsin Statewide Medical Home Initiative (WiSMHI)

WiSMHI offers learning opportunities for physicians, their care teams, and families on a variety of medical home topics. This menu consists of a 90-minute training on developmental screening, an on-site training series on integrating behavioral health into pediatric primary care, and resources for care coordination for children with special health care needs as well as transition for youth into adult health care.

Along with physician outreach opportunities, this year WiSMHI has developed opportunities for parents to learn about becoming active members of their child’s medical home. *Partnering with Your Doctor, the Medical Home Way* is a 90-minute training that offers tools to help parents prepare for and partner with their child’s care team. For more information, contact: [Arianna Keil](#) at (608) 225-7249.

Wisconsin Statewide Youth Health Care Transition Initiative

There are two new ways for learning about the transition from pediatrics to adult health care:

1. Youth Health Transition e-Toolkit

There are some exciting things happening in the world of Youth Health Transition in the state of Wisconsin. We are in the final stages of creating a web-based Transition toolkit.

The focus will be on health transition but will include links to other areas integral in healthy transitions including education, insurance, legal aspects and more. The website is designed to be a resource to youth, families, providers and anyone else interested in learning more about transition. The Toolkit will be available soon at www.healthtransitionwi.org. For more information, please contact [Kris McArdle](#) or your local Regional Center.

2. *Youth Health Transition Summit*

Mark your calendars for the *Youth Health Care Transition Summit*, co-sponsored with the Wisconsin Statewide Medical Home Initiative. This event will be held December 12, 2012 from 8:30 AM-3:30 PM at the Kalahari Resort in the Wisconsin Dells. The keynote speaker is internationally known in the area of youth health transition-Dr Albert Hergenroeder. Dr. Hergenroeder is a professor of Pediatrics at Baylor College of Medicine in Houston, Texas. He is also the activity director of the 2-day annual *Chronic Illness and Disability Conference: Transition from Pediatric to Adult-based Care*.

Contact [Kris McArdle](#) at (608) 890-7990 with questions.

Family Voices of Wisconsin

There are several new fact sheets available in both English and Spanish for families and provides available on the [Family Voices website](#) on the following topics:

- *Appealing a Medicaid/BadgerCare Plus Denial*
- *What is HealthCheck Other Services?*
- *Finding and Funding Respite Care*
- *The Family Support Program and Children's Long Term Support Waivers*

ABC for Health

ABC for Health continues to provide health benefits counseling, advocacy, and education on health coverage options to families with children and youth with special health care needs. From January-June 2012, ABC for Health worked directly with over 50 families (186 family members), navigating BadgerCare Plus denials and service limitations, Katie Beckett Medicaid denials, SSI applications and private insurance issues. Most families were under 150% of the Federal Poverty Level and 60% had uninsured family during some period over the last year. Almost 60% of these families needed assistance navigating BadgerCare Plus. Overall, 33% needed assistance with private insurance coverage, 25% had SSI questions, and 24% had Katie Beckett Medicaid questions or denials. In partnership with the Regional Centers for CYSHCN, ABC for Health staff were able to develop a helpful [referral form](#) to facilitate faster contact with families needing help.

ABC for Health has produced six web cast trainings in 2012, part of our regular web cast training series just for the CYSHCN Collaborators. Training topics have included the July 1 BadgerCare Plus changes, HealthCheck Other Services, benefits coordination, and a two part series on transitioning from SSI as a child to adult disability programs. These archived programs include learning objectives and are available via the web. To access these videos, please contact Adam VanSpankeren, avanspankeren@safetyweb.org

Please remember to visit the [3 C's for CYSHCN: Competency, Capacity and Coordination](#), a regular feature that provides the latest information on access to care and coverage in the HealthWatch Wisconsin Update newsletter. The newsletter also includes a unique client tip based on real questions addressed by our advocates. Finally, we also feature an events calendar and training announcements.

E-Journal Explores Childhood Disability

The [Spring 2012 issue](#) of *The Future of Children* explores the prevalence, nature, treatment, and consequences of childhood disability. The issue, a collaboration between Princeton University's Woodrow Wilson School of Public and International Affairs and the Brookings Institution, focuses not on individual disabilities but rather on cross-cutting themes that apply broadly to the issue of childhood disability. Topics include the definition of childhood disability, its prevalence and trends over time, and the costs it imposes both on the individual child and on the child's family.

Contributors also consider disability within the context of the nation's educational, health insurance, and medical systems; the impact of emerging technologies on the experience of disability; and the definition of health care quality. The volume concludes with a discussion of the prevention of childhood disability.

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Article Examines Participation of CSHCN in School and Community

"This research demonstrates that the presence of a [special health care need], per se, does not necessarily limit a child's ability to participate in key developmentally appropriate social activities. Rather, it is the health status and presence of functional limitations that impact the ability of CSHCN [children with special health care needs] to participate. It also shows that socioeconomic and demographic factors may either impede or enhance participation for CSHCN," state the authors of an article published in *Academic Pediatrics* online on June 8, 2012. Participation in educational and social activities is the context in which children and adolescents make friends, learn social skills and competencies, and develop their sense of purpose. In addition, participation in developmentally appropriate activities can enhance quality of life and, when restricted, can negatively impact opportunities later in life. Measuring factors that impact participation is an important step in developing clinical interventions and formulating policy recommendations to maximize participation by CSHCN. The article presents findings from a study designed to supplement the sparse health services literature related to participation for this population as a whole.

Data for the study were drawn from the 2007 National Survey of Children's Health, a nationally representative random-digit-dial telephone survey of parents and other caregivers. The sample for the study was limited to children and adolescents ages 6-17 (n=64,076). To evaluate differences in participation, the researchers identified two domains for children and adolescents ages 6-17 (school attendance and participation in organized activities) and two additional domains exclusively for those ages 12-17 (working for pay and volunteering). The authors compared participation rates between CSHCN and children without special health care needs (non-CSHCN). They also evaluated the impact of health and functional status on participation rates in CSHCN. Finally, they identified personal and environmental mediators of participation.

The authors found that:

- After adjustment for personal and environmental factors, higher percentages of CSHCN missed more than 5 days of school, compared with non-CSHCN (27.9 percent vs. 15.1 percent), but there were no significant differences in participation in organized activities, working for pay, or volunteering.
- CSHCN with functional limitations were more likely to experience participation restrictions than other CSHCN for all measures of participation, even when health status was taken into account. For example, nearly twice as many CSHCN with functional limitations who were in

excellent or very good health reported not being involved in organized activities, compared with other CSHCN in excellent or very good health (28.7 percent vs. 15.2 percent).

- The odds of school, organized activities, and working for pay participation restrictions were greater when the child's or adolescent's health status was deemed fair or poor.
- Nonhealth-related factors that were statistically associated with participation included poverty status, frequent depressive symptoms, and family structure.

The authors conclude that "addressing the factors amenable to intervention by child health care professionals in the medical home and the broader health care system, as well as through social and public policy, may lead to improved participation for CSHCN."

Houtrow A, Jones J, Ghandour R, et al. 2012. Participation of children with special health care needs in school and the community. *Academic Pediatrics* [published online on June 8, 2012]. [Abstract](#).

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